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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	96700/488
	First Named Inventor	Nancy Carrasco
	COMPLETE IF KNOWN	
	Application Number	09/519,959
	Filing Date	March 7, 2000
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **03/07/2000** as United States Application Number or PCT International Application Number **09/519,959** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

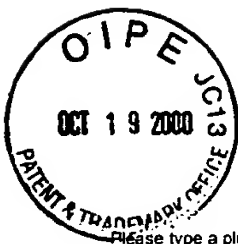
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Examiner Name		

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **03/07/2000** as United States Application Number or PCT International

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Morton Amster	16,677	Joel E. Lutzker	29,406
Michael J. Berger	25,829	Ira E. Silfin	33,785
Daniel S. Ebenstein	24,932	Leonard S. Sorgl	33,211
Kenneth P. George	30,259	Neil M. Zipkin	27,476
Philip H. Gottfried	25,871	Craig J. Arnold	34,287
Abraham Kasdan	32,997		
Anthony F. Lo Cicero	29,403		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Craig J. Arnold, Esq.				
Address	Amster, Rothstein & Ebenstein				
Address	90 Park Avenue				
City	New York	State	NY	ZIP	10016
Country	U.S.A.	Telephone	(212) 697-5995	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Nancy	Carrasco

Inventor's Signature				Date	10/18/00
Residence: City	New York	State	NY	Country	U.S.A.
				Citizenship	Mexican
Post Office Address	250 West 89th Street, Apt. 4-M				
Post Office Address					
City	New York	State	NY	ZIP	10024
				Country	U.S.A.

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Orsolya		Dohan	
Inventor's Signature	Date		10/18/00
Residence: City	Bronx	State	NY
		Country	U.S.A.
Post Office Address	1579 Rhineland Ave., Apt. 4-C		
Post Office Address			
City	Bronx	State	NY
		ZIP	10461
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Uygar H.		Tazebay	
Inventor's Signature	Date		10.5.00
Residence: City	Bronx ANKARA	State	NY
		Country	U.S.A. TURKEY
Post Office Address	1579 Rhineland Ave., Apt. 4-C BILKENT LOJMANLARI 37/1		
Post Office Address	BILKENT		
City	Bronx ANKARA	State	NY
		ZIP	06533
		Country	U.S.A. TURKEY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

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Name	Registration Number	Name	Registration Number
Morton Amster	16,677	Joel E. Lutzker	29,406
Michael J. Berger	25,829	Ira E. Silfin	33,785
Daniel S. Ebenstein	24,932	Leonard S. Sorgi	33,211
Kenneth P. George	30,259	Neil M. Zipkin	27,476
Philip H. Gottfried	25,871	Craig J. Arnold	34,287
Abraham Kasdan	32,997		
Anthony F. Lo Cicero	29,403		

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Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	Craig J. Arnold, Esq.				
Address	Amster, Rothstein & Ebenstein				
Address	90 Park Avenue				
City	New York	State	NY	ZIP	10016
Country	U.S.A.	Telephone	(212) 697-5995	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Irene L.		Wapnir	
Inventor's Signature	Date		
Residence: City	Stanford	State	CA
		Country	U.S.A.
		Citizenship	U.S.
Post Office Address	300 Pasteur Drive H3625		
Post Office Address			
City	Stanford	State	CA
		ZIP	94305-5655
		Country	U.S.A.

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Patent
Attorney's Docket No. 96700/488

Applicant or Patentee: Nancy Carrasco, Orsolya Dohan, Uygur H. Tazebay, and Irene L. Wapnir

Application or Patent No.: 09/519,959

Filed or Issued: March 7, 2000

For: METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. §§ 1.9(f) AND 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION University of Medicine and Dentistry of New Jersey

ADDRESS OF NONPROFIT ORGANIZATION 335 George Street, P.O. Box 2688

New Brunswick, New Jersey 08903

TYPE OF NONPROFIT ORGANIZATION:

- ☒ University or other institution of higher education
☐ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3) if located in The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities and that no rights to the invention are held by any person, other than the Inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern, or organization is listed below

Albert Einstein College of Medicine of Yeshiva University

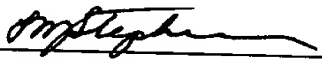
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING L.M. Stephenson, Ph.D.


TITLE IN ORGANIZATION Vice President for Research

ADDRESS OF PERSON SIGNING 335 George Street, P.O. Box 2688

New Brunswick, New Jersey 08903

SIGNATURE  DATE 9/26/02



STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(d))--NONPROFIT ORGANIZATION	Docket Number (Optional) 96700/488
Applicant, Patentee, or Identifier: <u>Nancy Carrasco, Orsolya Dohan, Uygar H. Tazebay, and Irene L. Wapnir</u>	
Application or Patent No.: <u>09/519,959</u>	
Filed or Issued: <u>Filed: March 7, 2000</u>	
Title: <u>METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER</u>	
I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below: NAME OF NONPROFIT ORGANIZATION <u>Albert Einstein College of Medicine</u> ADDRESS OF NONPROFIT ORGANIZATION <u>1300 Morris Park Avenue, Bronx, NY 10461</u>	
TYPE OF NONPROFIT ORGANIZATION: <input checked="" type="checkbox"/> UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION <input type="checkbox"/> TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) <input type="checkbox"/> NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA (NAME OF STATE _____) (CITATION OF STATUTE _____) <input type="checkbox"/> WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA <input type="checkbox"/> WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA (NAME OF STATE _____) (CITATION OF STATUTE _____)	
I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in: <input type="checkbox"/> the specification filed herewith with title as listed above. <input checked="" type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.	
I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).	
Each person, concern, or organization having any rights in the invention is listed below: <input type="checkbox"/> no such person, concern, or organization exists. <input checked="" type="checkbox"/> each such person, concern, or organization is listed below. University of Medicine and Dentistry of New Jersey	
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))	
NAME OF PERSON SIGNING <u>Emanuel Genn</u>	
TITLE IN ORGANIZATION OF PERSON SIGNING <u>Associate Dean for Business Affairs</u>	
ADDRESS OF PERSON SIGNING <u>1300 Morris Park Avenue, Bronx, NY 10461</u>	
SIGNATURE <u></u>	DATE <u>10/18/00</u>